

Dear Dr Ma,

Thank you for sending a comprehensive list of issues to be corrected in the manuscript.

I have made all the necessary changes according to your instructions.

Before resubmitting the manuscript however, I have some questions/concerns which I would like to raise with you please, to make sure that my resubmission meets your requirements. In essence I am concerned that some of the issues raised seemed not to be related to this particular manuscript.

1. The most important example is the statement in Section 5 (Language editing). The issue states that 'The English language of the manuscript was rated by the peer reviewers as grade B'.

I do not think this is correct: all 3 reviewers graded the language quality as A. I have copied the reviewer comments below for ease of reference:

Reviewer 1

Reviewer Name: Anonymous

Review Date: 2020-03-06 21:00

Specific Comments To Authors: This manuscript reviews the current management and therapeutic perspectives of colorectal liver metastases. The various therapeutic approaches and management modalities are properly described and commented, providing useful pros and cons to interested readers.

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Reviewer 2

Reviewer Name: Anonymous

Review Date: 2020-03-05 13:44

Specific Comments To Authors: This review mainly introduces the current management of colorectal cancer liver metastasis and its future prospects. Today, the incidence of colorectal cancer is increasing, and the liver is its most common metastatic site, and once it occurs, it will be very difficult to treat patients. The author advocates that a comprehensive team of oncology, oncology, radiology, histopathology and other disciplines should be formed for this disease to evaluate patients in various aspects and provide more treatment possibilities. The author discusses from several aspects: 1. Diagnosis and staging of liver metastasis of colorectal cancer; 2. Tumor markers and biological markers of colorectal cancer; 3. Chemotherapy and targeted treatment of colon

cancer liver metastasis; 4. Liver metastasis of colorectal cancer Surgical management; 5. Histopathological specimens of resected colorectal cancer liver metastasis specimens . The author's thinking is very clear, and the content of each part is very detailed. Among them, a lot of clinical data and medical records are cited, and the indications and protocols listed are very comprehensive. At the same time, the author summarizes the contents of each part using charts and diagrams, which is clear at a glance. From the author's discussion, it is indeed found that the current management of colorectal cancer liver metastasis is very large and intricate, and a multidisciplinary cooperation MDT team is needed in the future. The selection of this review is innovative, clear in thought, and rich in content, but the order of the content of each part can be adjusted slightly.

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Reviewer 3

Reviewer Name: Anonymous

Review Date: 2020-03-12 16:15

Specific Comments To Authors: Very well written, comprehensive review of current approaches to colorectal liver metastases. Definitely deserves publication.

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

2. In relation to section 19 entitled 'article highlights' – is this required or appropriate for a review? The requirements would seem to duplicate the contents of the manuscript, and I have not found any details of how long this section should be, or where it should feature in the manuscript in the author guidelines.

3. In relation to the other sections, there are further points that do not seem to relate to the manuscript. I have listed these below in order, with black text where corrections have been made, and in red where the issue raised did not seem to apply to the manuscript.

List of issues that need to be addressed by authors in conditionally accepted manuscript

1. General information of the manuscript

No correction required

2. Manuscript revision deadline

No correction required

3. Style and format

Issues raised 1 : File format. The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.

Response: Font format corrected

Issues raised 2 : Length. Manuscripts can be any length. There are no restrictions on word count, number of figures, or amount of supporting information.

Response: No correction required

Issues raised 3 : Page. Include page numbers in the manuscript file.

Response: Format corrected

4. Abbreviations

Issues raised 1: Define abbreviations upon first appearance in the Abstract, Key words, Core tip, Text, Article highlights, Figure, and tables.

Response: Format corrected

5. Language Editing Certificate

Issues raised 1: The English language of the manuscript was rated by the peer reviewers as grade B

Response: I do not think this is correct – the reviewer ratings for language quality were A A A, ie A for all three reviewers.

6 Manuscript Organization

Response: format corrected

7. Title

Issues raised 1: Please delete the article (The, A, or An) at the beginning of the title.

Response: there is no article in the title

Issues raised 2: Please spell out the abbreviation in the title.

Response: there is no abbreviation in the title

Issues raised 3: Please add the core key word in the title.

Response: the core key word is already in the title

Issues raised 4: Please shorten the title to no more than 12 words.

Response: the title is already less than 12 words (8 words)

8. Running title

Issues raised 1: Please shorten the running title to no more than 6 words.

Response: the title is already less than 6 words (3 words)

9. Author list

Issues raised 1: Authors should be listed in accordance with the authorship requirements in the Guidelines for Authors.

Designation of co-first authors and co-corresponding authors is not permitted.

Response: the authorship meets requirements, and there are no co-first authors or co-corresponding authors.

Issue raised 2 : All authors must provide an ORCID ID number.

Response: All ORCID numbers have been already provided

10. Author names and affiliations

Response: Format corrected

11 BPG copyright license agreement

Issues raised 1: Please verify whether the number of author names in the manuscript is the same as that of authors who signed the copyright form.

Response: the author names in the manuscript match the copyright form

Issues raised 2: Please verify whether the order of author names is the same as that of authors who signed the copyright form.

Response: the author order is correct

12 Author contributions

Response: Format corrected

13 Supported by

Response: No funding required

14. Corresponding author

Issues raised 1: Please change the corresponding author's institution name and address.

Response: the corresponding author name and institution is correct.

15. Citation

Response: citation added as required

16. Core tip

Response: Core tip and audio core tip provided

17. Introduction, (main text) and Conclusion

Response: format corrected

18. Acknowledgements

Issues raised 1 Acknowledgements section should not include funding source, language editing companies, and other biomedical institutions providing paid services. Please delete the contents that are not suitable for the Acknowledgements section.

Response: there are no acknowledgements

19 Article highlights

Question: is this appropriate for a review? it seems like a repetition of the sections of the manuscript.

20. References

Response: All issues raised relating to format have been addressed.

In relation to issue 8: I could not find any omitted citations or duplicate citations. In terms of the order of citations, the citations are in order in the main text. Figure 1 relates to several sections within the manuscript, and therefore the citations in the legend for figure 1 are not all in ascending order. Having the Figure 1 citations in ascending order would then disrupt the ascending order in the main manuscript.

21 Figures and Tables

Response: all formatting issues corrected

I would be very grateful for your further guidance in relation to the points highlighted in red, so that my resubmission documents meet your requirements.

Many thanks for your help.

Kind regards,

Emmanuel Hugué

PhD FRCS

16.04.2020

Dear WJCO editing team,

Thank you for sending the reviewer comments on the manuscript, and for your email communications in relation to these.

We note that the only changes suggested come from Reviewer 02935930 who suggested that 'the order of the content of each part can be adjusted slightly'. However, no suggestions were made as to how the order of the content could be improved.

We agree with the reviewer that the order of content in such wide subject area is an important consideration and impacts on the flow and narrative. However, in this instance we gave the order of the content great consideration, and feel that the current order provides a flowing and logical narrative.

In the first instance, the order of the main sections is logical in describing the epidemiology and diagnosis and staging of CRLM first. The molecular biology of the subject is dealt with next as this informs chemotherapy options. From this background, Chemotherapy is a logical next section as a treatment per se, and as an adjunct to resectional strategies. The section on surgical strategies is ordered such that each subsection builds on the former, reflecting the gradual recruitment of techniques required for increasingly complex cases in an escalatory manner. Finally, the histological analysis of resected specimens is dealt with last, as it informs ongoing surveillance and further treatment.

Moreover, within each of the 5 main sections, we feel that the current order of subsections also provides a logical flow. The pattern throughout the manuscript is to describe the evidence base for established treatments, then current areas of controversy in emerging treatments, and finally future perspectives.

Given the multidisciplinary nature of this field, there is inevitable overlap between the sections (particularly chemotherapy and surgery), and therefore the order of subjects in these sections has been carefully crafted such that upon reaching any particular sections, the reader has been provided with the necessary background in preceding sections.

We are concerned that order alterations could adversely affect the progression of information delivery.

In this light, we have not made any changes to the manuscript, but would be happy to review this again if provided with specific examples of where and how the current order is unsatisfactory.

We are nevertheless very grateful for the reviewer's attention and comments.

Kind regards,

Emmanuel Huguet

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